

**COMMONWEALTH OF MASSACHUSETTS  
BOARD OF REGISTRATION IN NURSING**  
239 Causeway Street, Room 417A  
Boston, MA 02114

**Minutes of the Regularly Scheduled Board Meeting**  
Wednesday, June 14, 2017

**Board Members Present**

K. Gehly, CNP, Chair  
B. Levin RN, Vice Chair  
J. Killion, LPN  
C. LaBelle, RN  
C. Simonian, PharmD, RPh  
J. Fantes, MD  
L. Keough, CNP  
G. Dufault, LPN  
D. Zucker, RN  
D. Drew, Public Member  
P. Noonan, RN  
L. Kelly, CNP

**Board Members Not Present**

**Staff Present**

L. Silva, RN, DNP, Executive Director  
C. MacDonald, RN, DNP, Deputy Executive Director  
C. Silveira, MS, RN, Assistant Director  
K. Ashe, RN, Nursing Education Coordinator  
O. Atueyi, JD, Board Counsel  
H. Cambra, RN, JD, Complaint Resolution Coordinator  
D. M. DeVaux, RN, SARP Coordinator  
A. Fein, RN, JD, Complaint Resolution Coordinator  
K. Keenan, Licensing Coordinator  
L. Talarico, CNP, Nursing Practice Coordinator  
B. Oldmixon, Board Counsel  
K. Fishman, Probation Monitor

**Staff Not Present**

M. Gilmore, RN, SARP Coordinator

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**TOPIC:**

Call to Order & Determination of Quorum

**DISCUSSION:**

A quorum of the Board was present.

**ACTION:**

At 9:01 a.m., K. Gehly, Chairperson, called the June 14, 2017 Regularly Scheduled Board Meeting to order.

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**TOPIC:**

Approval of Agenda

**DISCUSSION:**

Board members and staff introduced themselves.

**ACTION:**

Motion by J. Killion, seconded by B. Levin, and unanimously passed to approve the agenda as presented

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**TOPIC:**

Approval of Board Minutes for the May 10, 2017 Meeting of the Regularly Scheduled Board Meeting

**DISCUSSION:**

None.

**ACTION:**

Motion by L. Keough, seconded by G. Dufault, and unanimously passed to accept the Minutes of the May 10, 2017, Regularly Scheduled Board Meeting.

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**TOPIC:**

Reports, Announcements and Administrative Matters

- A. Executive Director's Report
- B. 2017-2018 Legislation Update
- C. Announcements

**DISCUSSION:**

- A. Executive Director's Report: L. Silva asked for Board members to sign up for Complaint Committee meetings.
- B. C. Silveira presented the legislation update to the Board and was available for questions. D. Drew asked about the Board needing to submit a recommendation. C. Silveira stated that the information in question was outdated.
- C. L. Silva thanked K. Gehly and C. Simonian for their time serving on the Board and thanked C. Silveira for her time serving with the Board. K. Gehly thanked the Board and staff and thanked C. Silveira for her time with the Board. C. Simonian thanked the Board and staff for her time with the Board.

**ACTION:**

So noted.

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**TOPIC:** SARP

Activity Report

**DISCUSSION:**

- D. DeVaux was available for questions.

**ACTION:**

So noted.

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**TOPIC:** Probation

## Probation Staff Action Report

### **DISCUSSION:**

K. Fishman was available for questions.

### **ACTION:**

So noted.

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### **TOPIC:** Probation

Request for Notice of Violation and Further Discipline in the matter of M. Gill, LN 49460, NUR-2013-0053

### **DISCUSSION:**

K. Fishman presented the case to the Board. The licensee had been unable to find steady employment in the nursing field. The licensee had not completed the monthly check-ins with probation staff and stated that she is no longer looking for nursing positions.

### **ACTION:**

Motion by D. Zucker, seconded by D. Drew, and unanimously passed to issue a notice of further discipline with an intent to suspend.

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### **TOPIC:** Practice

Staff Report

### **DISCUSSION:**

L. Talarico presented the report to the Board.

### **ACTION:**

So noted.

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### **TOPIC:** Practice

Proposed revisions to Advisory Ruling AR 9101: Administration of Medications for Sedation/Analgesia

### **DISCUSSION:**

L. Talarico presented the proposed revisions to the Board and gave a history of the ruling.

### **ACTION:**

Motion by J. Killion, seconded by G. Dufault, and unanimously passed to accept the recommendation to change the following:

1. Update "authority" statement to the Board approved statement for all AR;
2. Include a requirement for the nurse to possess the knowledge, skills, ability and demonstrated competency to facilitate corrective action for adverse consequences, such as, but not limited to, hypoventilation, hypoxia and hypotension; and
3. Add responsibilities for the nurse in a management role to the section that pertains to "organizational policies".

**TOPIC:** Practice

Proposed revisions to Advisory Ruling AR 9901: Registered Nurses as First Assistants at Surgery and 9902: Advanced Practice Registered Nurses as First Assist at Surgical Procedures

**DISCUSSION:**

L. Talarico presented the proposed revisions to the Board.

**ACTION:**

Motion by D. Drew, seconded by B. Levin, and unanimously passed to accept the recommendation to change the following:

1. Find that the information presented in AR 9901 and AR 9902, reviewed in 2014 by the NPAP with changes approved by the Board, remain consistent with contemporary nursing standards;
2. Revise both AR 9901 and AR 9902 by:
  - a. Including the Board-approved, standardized statement requiring licensee compliance with all nursing licensure and practice laws and regulations; and
  - b. Updating references.

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**TOPIC:** Practice

Proposed revisions to Advisory Ruling AR 1301: Cosmetic and Dermatologic Procedures

**DISCUSSION:**

L. Talarico presented the proposed revisions to the Board. Two nurses in the field presented their concerns to the Board. L. Talarico clarified for the Board that there were no substantive changes to the advisory ruling and was available for questions.

**ACTION:**

Motion by L. Kelly, seconded by B. Levin, and unanimously passed to accept the recommendation to Revise Advisory Ruling 1301: Cosmetic and Dermatologic Procedures (Attachment 2) to include statements that a nurse licensed by the Board:

1. Is responsible and accountable for his or her nursing judgments, actions, and competency; and
2. Will only perform acts within the licensee's scope of nursing practice. Therefore, a LPN or RN who is not authorized to practice as an APRN may not medically diagnose, independently prescribe or select medications or treatments;
3. Will not unlawfully purchase or obtain controlled substances. Therefore, for the purpose of this advisory, a LPN or RN without APRN authorization from the Board and prescriptive authority may not purchase or obtain prescription medication or solutions independently or as an agent of the prescriber;
4. Must have a current MA acupuncture license to perform cosmetic and dermatologic procedures that involve the practice of acupuncture.

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**TOPIC:** Education

- B. 244 CMR 6.04(1)(c)&(1)(f) Administrative Changes
  - a. Bay State College, Chief Executive Officer
  - b. Holyoke Community College, Chief Executive Officer
  - c. Bristol-Plymouth Regional Technical School, Chief Executive Officer
  - d. Anna Maria College, Baccalaureate RN Program
  - e. Regis College Undergraduate and Graduate RN Programs

- f. Curry College, Baccalaureate RN Program
- C. 244 CMR 6.08(1)(h) Site Survey and NCLEX Evaluation, Bunker Hill Community College Associate Degree RN Program
- D. 244 CMR 6.08(1)(h) Site Survey and NCLEX Evaluation, Quincy College Associate Degree RN Program
- E. 244 CMR 6.08(1)(h) Site Survey and NCLEX Evaluation, Quincy College PN Program

### **DISCUSSION:**

- B. K. Ashe presented the administrative changes to the Board and recommended the Board approve the administrative changes.
- C. RECUSAL L. Keough recused herself from this matter and left the room during the deliberation and vote. K. Ashe introduced the former program administrator Dr. Johnson and presented the report to the Board. D. Drew asked about the NCLEX pass rates and the approval process for schools
- D. A. MacDonald presented the report to the Board. D. Drew asked A. MacDonald to elaborate on the history of the evaluations.
- E. A. MacDonald presented the report to the Board.

### **ACTION:**

- B. Motion by B. Levin, seconded by J. Killion, and unanimously passed to accept the administrative changes.
- C. Motion by B. Levin, seconded by J. Killion, and unanimously passed to:
  - 1. Accept staff compliance report.
  - 2. Find that the Bunker Hill community College Associate Degree RN Program (Program) has failed to satisfactorily comply with the regulations at 244 CMR 6.04 (1)(b),(1)(c),(1)(d),(1)(e), (2)(b), (2)(c),(3)(a)1, (3)(a)2, (3)(a)3,(4)(a) and (4)(b)(3), (5)(c),(5)(d) and (5)(e) and therefore warrants Approval with Warning status based on a preponderance of evidence. Failure to correct these regulatory deficiencies within the designated time may result in the Board's withdrawal of the Program's approval status.
  - 3. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies:
    - A. Due by September 26, 2017
      - 1) develop and implement a formal process (e.g. Program by-laws; publication in Nursing Student Handbook) for the recruitment of students to participate in Program governance [ref 244 CMR 6.04 (1)(b)];
      - 2) Evidence of implementation of the Program Administrator role which clearly demonstrated a single registered nurse qualified under 244 CRM 6.04(2)(a), designated authority by the Parent Institution to administer the Program with responsibility for:
        - a. full implementation of systematic program evaluation;
        - b. communications with faculty and staff;
        - c. responsibility for strategic planning and implementation that support the goals and outcomes of the program
        - d. management of resources; and
        - e. ensuring Program compliance with all regulations at 244 CMR 6.04(1)-(5).

- f. Evidence of such implementation must include but may be limited a revised job description, organizational chart, minutes to meetings [ref 244 CMR 6.04 (1)(c)];
- 3) implementation of a formalized process (e.g. Program by-laws; publication in Nursing Faculty Handbook) for the faculty role in development, implementation, and evaluation of systematic program evaluation [ref 244 CMR 6.04 (1)(e)]; revised faculty job description that includes faculty role in systematic evaluation of all components of the program [ref 244 CMR 6.04 (1)(e)];
- 4) a revised written policy for school, student, graduate and faculty records and a corrective action plan to ensure that Program practices are consistent with the Program's published policy [ref: 244 CMR 6.04 (1)(g)];
- 5) Results of a comprehensive analysis of 2015-16 and 2016-2017 confidential [redact all student identifiers] individual and aggregate student data, and NCLEX pass and fail performance for the following [ref: 244 CMR 6.04(1)(e)]
  - a. admission criteria including, but not limited to overall GPA, science grades, TEAS scores [ref: 244 CMR 6.04(1)(d)];
  - b. compliance with admission, progression standards and correlation of student characteristics [ref:244 CMR 6.04(3)(a)2];
  - c. student utilization of resources and NCLEX pass fail status. [ref:244 CMR 6.04(5)(c)]
- B. Due by December 15, 2017
  - 1) organizational chart demonstrating formal and informal relationships among students, faculty and advisory groups in Program governance [ref 244 CMR 6.04 (1)(b)];
  - 2) provide evidence that data collected, trended and aggregated is included in policies develop, implement, and evaluate by faculty, including grade, course requirement, resource allocation and are consistently applied. ref: 244 CMR 6.04 (1)(e);
  - 3) An systematic evaluation plan reflecting ongoing systematic collection and evaluation of data related to the 2015 2016 – 2016-2017 NCLEX cohorts, the results of which are used to maintain or improve the Program. The updated SEP is to include expected levels of achievement specificity (achievable and measurable) across all criterion; a calendar outlining the evaluation schedule; and minutes of committee meetings demonstrating Program faculty participation in systematic evaluation processes [ref: 244 CMR 6.04 (1)(e)];
  - 4) verification that faculty maintain expertise appropriate to teaching responsibilities (i.e. professional development, certifications) [ref: 244 CMR 6.04 (2)(b)5];
  - 5) a revised written policy requiring candidates for admission to provide satisfactory evidence of compliance with the immunization requirements specified by the Massachusetts Department of Public Health. [244 CMR 6.04(3)(a)1];
  - 6) Publication of Program policies which describe the non-discriminatory criteria for educational mobility, advanced placement, course exemption and withdrawal [244 CMR 6.04(3)(a)2];
  - 7) Evidence of Program actions taken as a result of faculty, course and clinical evaluations completed by students are regularly aggregated, shared with communities of interest (i.e. advisory board, faculty and students). Such evidence must include but may not be limited to a summary for academic years 2015-2016 and 2016-2017[ref 244 CMR 6.04(3)(a)3];

- 8) Specific and detailed use by students and faculty of ATI products integrated into the RN curriculum, including outcomes of NCLEX pass fail status 2016 and 2017 graduates [ref: 244 CMR 6.04(4)(b)(3)].
- 9) Complete a report on a comparative analysis of the current curriculum and 2016 NCLEX-RN Detailed Test Plan for Educators – both didactic and clinical with identification of an action plan and timeline for the correction of any gaps until the revised curriculum is fully implemented [ref: 244 CMR 6.04(4)(b)(3)];
- 10) Demonstrate how the level of student achievement expected at defined points in the program is consistently applied through all program options [establishing a policy on exam reliability and validity, course syllabi grading, use of student learning resources as graded assignments, and integrations of student learning resources [ref: 244 CMR 6.04(4)(b)(5)];
- 11) evidence that evaluation methods (e.g. course exams, student assignments, clinical evaluations) are valid and reliable including but not limited to test blue prints correlating test items with student course and program learning outcomes and item analyses [ref: 244 CMR 6.04(4)(b)(5)].
- 12) Parent Institution administration clarification regarding the institution's overall allocation of resources appropriate to meeting the goals and outcomes of the Program [ref: 244 CMR 6.04(5)(c), (5)(d) and (5)(e)];
- 13) To further demonstrate program effectiveness;
  - a. Demonstrate utilization of adequate number of full-time and part-time faculty by submitting a revised Annual Report for 2016 identifying all faculty as FT or PT as assigned specifically to the Program. [ref: 244 CMR 6.04(5)(a)]; and
  - b. Provide clarification to Appendix R. by demonstrating the ratio shall not exceed ten students to one faculty member (10:1) [ref: 244 CMR 6.04(5)(b)].

4. Provide a curriculum revision report including planned actions, time line, completion dates, minutes to meetings outlining progress demonstrating faculty role in the development, plans for implementation and how the curriculum will be evaluated including but not limited to course outlines/syllabi, content mapping according to student learning outcomes, table addressing credit hour allocations, curriculum content mapping according to the 2016 NSCBN Detailed Test Plan.

5. Submit to the Board at least six weeks before the ACEN follow-up accreditation survey; the dates of the Program's scheduled site visit and include the program's accreditation self-study report and any other documents submitted to ACEN.

6. The Program, if placed on Approval with Warning Status, must as specified at 244 CMR 6.08(2):

- a. immediately notify all enrolled students and program applicants in writing, in accordance with established current Board guidelines, the program's Approval with Warning Status, the basis therefore, and the necessary corrective action(s); and
- b. inform all program graduates that they remain eligible to write the NCLEX.

D. Motion by C. Simonian, seconded by D. Zucker, and unanimously passed to:

1. Accept staff compliance report.

2. Find that the Quincy College Associate Degree RN Program (Program), has failed to satisfactorily comply with the regulations at 244 CMR 6.04 (1)(b), (1)(d), (1)(e), (1)(g), (2)(b)3, (3)(a), (3)(b), (4)(b)2, (4)(b)3, (4)(b)5, and (5)(c), and therefore warrants Approval with Warning status based on a preponderance of evidence. Failure to correct these regulatory deficiencies within the designated time period may result in the Board's withdrawal of the Program's approval status.

3. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies:

A. Due by September 26, 2017

1. implementation of a formalized process (e.g. Program by-laws; publication of process in Nursing Student Handbook) for the recruitment of students to participate in Program governance [ref 244 CMR 6.04 (1)(b)];
2. organizational chart demonstrating formal and informal relationships among students, faculty and advisory groups in Program governance [ref 244 CMR 6.04 (1)(b)];
3. results of a comprehensive analysis of 2015-16 and 2016-2017 confidential [redact all student identifiers] individual and aggregate student data, and NCLEX pass and fail performance for the following:
  - a. admission criteria including, but not limited to overall GPA, science grades, TEAS scores [ref: 244 CMR 6.04(1)(d)];
  - b. compliance with admission, progression standards and correlation of student characteristics [ref:244 CMR 6.04(3)(a)2];
  - c. student preparation by full-time, part-time (adjunct) [ref: 244 CMR 6.04(5)(a)]; and
  - d. student utilization of resources and NCLEX pass fail status. [ref:244 CMR 6.04(5)(c)]
4. implementation of a formalized process (e.g. Program by-laws; publication in Nursing Faculty Handbook) for the faculty role in development, implementation, and evaluation of policies [ref 244 CMR 6.04 (1)(d)];
5. revised faculty job description that includes faculty role in:
  - a. development, implementation, and evaluation of policies [ref 244 CMR 6.04 (1)(d)];
  - b. systematic evaluation of all components of the program [ref 244 CMR 6.04 (1)(e)];
6. a revised written policy for student, graduate and faculty records or a corrective action plan to ensure that Program practices are consistent with the Program's published policy [ref: 244 CMR 6.04 (1)(g)];
7. verification of faculty qualifications in compliance with Education Policy 02-02 currently on faculty and corrective action plan for ensuring compliance with Education Policy 02-02 in appointments and a formalized mentoring plan for faculty under waiver option #3 [ref:244 CMR 6.04(2)(b)4];
8. Verification that faculty maintain expertise appropriate to teaching responsibilities (i.e. professional development, certifications) [ref: 244 CMR 6.04 (2)(b)5];
9. a revised written policy requiring candidates for admission to provide satisfactory evidence of compliance with the immunization requirements specified by the Massachusetts Department of Public Health. [244 CMR 6.04(3)(a)1];



10. Chart or table demonstrating how course outcomes and evaluation methods are linked to the student learning outcomes [244 CMR 6.04(3)(b)];
11. Table demonstrating correlation of nursing course and clinical objectives [244 CMR 6.04(3)(b)]; and
12. findings of a comparative analysis of curriculum and current 2016 NCLEX-RN Detailed Test Plan for Educators – both didactic and clinical with identification of and action plan and timeline for the correction of any gaps. [ref:244 CMR 6.04(4)(b)3].

B. Due by December 15, 2017

1. A complete and current systematic evaluation plan reflecting ongoing systematic collection and evaluation of data; results of which are used to maintain or improve the Program. The revised SEP is to include, but not limited to, clearly stated evaluation criteria, operational definitions, expected levels of achievement specificity (achievable and measurable) across all criterion; a calendar outlining the evaluation schedule; and minutes of committee meetings demonstrating Program faculty participation in the development process [ref: 244 CMR 6.04(1)(e)];
2. Publication of Program policies which describe the non-discriminatory criteria for educational mobility, transfer and advanced placement [244 CMR 6.04(3)(a)2];
3. Table of evaluation tools used for student evaluation of the program (i.e. course and clinical evaluations) with evidence that the data is aggregated and trended and used to make programmatic changes [244 CMR 6.04(3)(a)3];
4. Description with exhibits (e.g. course outlines/syllabi, content mapping) of the new curriculum's compliance with each of the regulations at 244 CMR 6.04: Curriculum including, but not limited to:
  - a. validation of the curriculum as current, comprehensive, evidence-based, preparing graduates for competent entry-level practice [244 CMR 6.04(4)(b)3];
  - b. the level of student achievement expected at defined points in the program [244 CMR 6.04(4)(b)5];
  - c. a curriculum revision report including:
    - i. planned actions with time line and completion dates;
    - ii. minutes to meetings outlining progress and demonstrating faculty role in development;
    - iii. course outlines/syllabi, content mapping according to student learning outcomes and NCSBN Detailed Test Plan;
    - iv. plan for implementation;
    - v. how the curriculum will be evaluated; and
    - vi. table addressing credit hour allocations.

4. The Program, if placed on Approval with Warning Status, must as specified at 244 CMR 6.08(2):

- a. immediately notify all enrolled students and program applicants in writing, in accordance with established current Board guidelines, of the program's Approval with Warning Status, the basis therefore, and the necessary corrective action(s); and
- b. inform all program graduates that they remain eligible to write the NCLEX.

E. Motion by D. Drew, seconded by G. Dufault, and unanimously passed to:

1. Accept staff compliance report.

2. Find that the Quincy College Practical Nursing PN Program (Program), has failed to satisfactorily comply with the regulations at 244 CMR 6.04 (1)(a), (1)(b), (1)(d), (1)(e), (1)(g), (2)(b)5, (3)(a), (3)(b), (4)(b)3, (4)(b)5, and (5)(c), and therefore warrants Approval with Warning status based on a preponderance of evidence. Failure to correct these regulatory deficiencies within the designated time period may result in the Board's withdrawal of the Program's approval status.

3. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies:

**A. Due by September 26, 2017**

1. table highlighting congruence between published parent institution mission and core values program goals and student learning outcomes [ref 244 CMR 6.04 (1)(a)];
2. implementation of a formalized process (e.g. Program by-laws; publication of process in Nursing Student Handbook) for the recruitment of students to participate in Program governance [ref 244 CMR 6.04 (1)(b)];
3. organizational chart demonstrating formal and informal relationships among students, faculty and advisory groups in Program governance [ref 244 CMR 6.04 (1)(b)];
4. results of a comprehensive analysis of 2015-16 and 2016-2017 confidential [redact all student identifiers] individual and aggregate student data, and NCLEX pass and fail performance for the following:
  - a. admission criteria including, but not limited to overall GPA, science grades, TEAS scores [ref: 244 CMR 6.04(1)(d)];
  - b. compliance with admission, progression standards and correlation of student characteristics [ref:244 CMR 6.04(3)(a)2];
  - c. student preparation by full-time, part-time (adjunct) [ref: 244 CMR 6.04(5)(a)]; and
  - d. student utilization of resources and NCLEX pass fail status. [ref:244 CMR 6.04(5)(c)]
5. implementation of a formalized process (e.g. Program by-laws; publication in Nursing Faculty Handbook) for the faculty role in development, implementation, and evaluation of policies [ref 244 CMR 6.04 (1)(d)];
6. revised faculty job description that includes faculty role in:
  - a. development, implementation, and evaluation of policies [ref 244 CMR 6.04 (1)(d)];
  - b. systematic evaluation of all components of the program [ref 244 CMR 6.04 (1)(e)];
7. a revised written policy for student, graduate and faculty records or a corrective action plan to ensure that Program practices are consistent with the Program's published policy [ref: 244 CMR 6.04 (1)(g)];
8. verification that faculty maintain expertise appropriate to teaching responsibilities (i.e. professional development, certifications) [ref: 244 CMR 6.04 (2)(b)5];
9. a revised written policy requiring candidates for admission to provide satisfactory evidence of compliance with the immunization requirements specified by the Massachusetts Department of Public Health. [244 CMR 6.04(3)(a)1];
10. chart or table demonstrating how course outcomes and evaluation methods are linked to the student learning outcomes [244 CMR 6.04(3)(b)];
11. table demonstrating correlation of nursing course and clinical objectives [244 CMR 6.04(3)(b)]; and

12. findings of a comparative analysis of curriculum and current 2016 NCLEX-PN Detailed Test Plan for Educators – both didactic and clinical with identification of and action plan and timeline for the correction of any gaps. [ref:244 CMR 6.04(4)(b)3].

**B. Due by December 17, 2017**

1. a complete and current systematic evaluation plan reflecting ongoing systematic collection and evaluation of data; results of which are used to maintain or improve the Program. The revised SEP is to include, but not limited to, clearly stated evaluation criteria , operational definitions, expected levels of achievement specificity (achievable and measurable) across all criterion; a calendar outlining the evaluation schedule; and minutes of committee meetings demonstrating Program faculty participation in the development process [ref: 244 CMR 6.04(1)(e)];
2. publication of Program policies which describe the non-discriminatory criteria for withdrawal, graduation, course exemption, educational mobility, and advanced placement [244 CMR 6.04(3)(a)2];
3. table of evaluation tools used for student evaluation of the program (i.e. course and clinical evaluations) with evidence that the data is aggregated and trended and used to make programmatic changes [244 CMR 6.04(3)(a)3];.
4. Description with exhibits (e.g. course outlines/syllabi, content mapping) of the new curriculum's compliance with each of the regulations at 244 CMR 6.04: *Curriculum* including, but not limited to:
  - a. validation of the curriculum as current, comprehensive, evidence-based, preparing graduates for competent entry-level practice [244 CMR 6.04(4)(b)3];
  - b. the level of student achievement expected at defined points in the program [244 CMR 6.04(4)(b)5];
  - c. a curriculum revision report including:
    - i. planned actions with time line and completion dates;
    - ii. minutes to meetings outlining progress and demonstrating faculty role in development;
    - iii. course outlines/syllabi, content mapping according to student learning outcomes and NCSBN Detailed Test Plan;
    - iv. Plan for implementation;
    - v. How the curriculum will be evaluated; and
    - vi. Table addressing credit hour allocations.
4. The Program, if placed on Approval with Warning Status, must as specified at 244 CMR 6.08(2):
  - a. immediately notify all enrolled students and program applicants in writing, in accordance with established current Board guidelines, of the program's Approval with Warning Status, the basis therefore, and the necessary corrective action(s); and
  - b. inform all program graduates that they remain eligible to write the NCLEX.

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**TOPIC:**

Strategic Development, Planning and Evaluation

**A. Systematic Policy Evaluation:**

1. Request for Authority to include Massachusetts General Law, Chapter 112, Section 61 as grounds for discipline to all Pending Legal and Pending Prosecution cases

2. Request for Authority to include unprofessional conduct and conduct which undermines the public confidence in the integrity of the profession (as outlined by case law) as grounds for discipline in all Pending Legal and Pending Prosecution cases

B. Regulatory Review

1. Proposed Revisions to 244 CMR 10.00

D. Election, BRN Officers

E. Fiscal Year 2018 BRN Meeting Calendar

F. Topics for Next Agenda

**DISCUSSION:**

A.

1. B. Oldmixon presented the memo to the Board.

2. B. Oldmixon presented the memo to the Board.

B.

1. V. Berg presented an update on the proposed revisions to 244 CMR 10.00 to the Board and presented the proposed revision to 244 CMR 10.00.

D. L. Silva explained the voting process to the Board. The Board voted for B. Levin for Chair and L. Keough for vice-chair unanimously.

E. L. Silva asked for Board members to make attendance a priority.

F. D. Drew had a question on a Boston Herald article.

**ACTION:**

A. 1. Motion by D. Drew, seconded by J. Killion, and unanimously passed to accept the recommendation to include Massachusetts General Law, Chapter 112, Section 61 as grounds for discipline to all Pending Legal and Pending Prosecution cases.

A. 2. Motion by B. Levin, seconded by D. Drew, and unanimously passed to accept the recommendation to include unprofessional conduct and conduct which undermines the public confidence in the integrity of the profession (as outlined by case law) as grounds for discipline in all Pending Legal and Pending Prosecution cases.

B. Motion by D. Drew, seconded by B. Levin, and unanimously passed to accept the recommendation to schedule a public hearing and adopt the proposed revisions.

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**TOPIC:**

G.L. c.30A, §21 Executive Session

**DISCUSSION:**

None.

**ACTION:**

Motion by D. Drew, seconded by J. Killion, and unanimously passed by roll call vote to go into Executive Session at 11:05 a.m. as per Purpose One of G.L. c.30A, §21 (a)(1).

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**G.L. c. 30A, § 21 Executive Session 11:05 a.m. to 12:06 p.m.**

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**TOPIC:**

G.L. c. 112, s. 65C Session

**DISCUSSION:**

None.

**ACTION:**

Motion by B. Levin, seconded by D. Drew, and unanimously passed to go into G.L. c. 112, s. 65C Session at 12:11 p.m.

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**G.L. c. 112, s. 65C Session 12:11 p.m. to 12:53 p.m.**

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**TOPIC:**

Adjudicatory Session

**DISCUSSION:**

None

**ACTION:**

Motion by B. Levin, seconded by J. Killion, and unanimously passed to go into Adjudicatory Session at 12:53 p.m. to discuss decisions in pending adjudicatory matters.

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**Adjudicatory Session 12:53 p.m. to 12:56 p.m.**

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**TOPIC:**

Adjournment

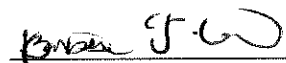
**DISCUSSION:**

None

**ACTION:**

Motion by J. Killion, seconded by L. Keough, and unanimously passed to adjourn the meeting at 12:56 p.m.

Minutes of the Board's June 14, 2017, Regularly Scheduled Meeting were approved by the Board on July 12, 2017.



Barbara Levin, RN, BSN  
Chairperson  
Board of Registration in Nursing

Agenda with exhibits list attached.

COMMONWEALTH OF MASSACHUSETTS  
Board of Registration in Nursing

**Notice of the Regularly Scheduled Meeting**

**Regular Session**

239 Causeway Street  
Room 417  
Boston, Massachusetts 02114

June 14, 2017

PRELIMINARY AGENDA AS OF 6/6/17

Estimated Time	Item #	A. Item	Exhibit	Presented by
9:00 a.m.	I.	B. CALL TO ORDER & DETERMINATION OF QUORUM	None	
	II.	APPROVAL OF AGENDA	Agenda	
	III.	APPROVAL OF MINUTES A. Draft Minutes for the May 10, 2017 Meeting of the <i>Board of Registration in Nursing, Regular Session</i>	Minutes	
	IV.	REPORTS, ANNOUNCEMENTS AND ADMINISTRATIVE MATTERS A. Executive Director's Report B. 2017-2018 Legislation Update C. Announcements	Oral/Memo Report	LS CS
	V.	SARP A. SARP Activity Report	Memo	DMD/MG
	VI.	PROBATION A. Probation Staff Action Report B. Request for Notice of Violation and Further Discipline in the matter of <b>M. Gill</b> , LN 49460, NUR-2013-0053	Report Memo	KF KF
	VII.	PRACTICE A. Practice Coordinator Staff Report B. Proposed revisions to Advisory Ruling 1. AR 9101: <i>Administration of Medications for Sedation/Analgesia</i> 2. AR 9901: <i>Registered Nurses as First Assistants at Surgery</i> and 9902: <i>Advanced Practice Registered Nurses as First Assist at Surgical Procedures</i> 3. AR 1301: <i>Cosmetic and Dermatologic Procedures</i>	Memo Memo Memo Memo	LT LT LT LT

	<b>VIII.</b>	<b>EDUCATION</b> A. Nursing Education Staff Report B. 244 CMR 6.04(1)(c)&(1)(f) Administrative Changes <ul style="list-style-type: none"> <li>a. Bay State College, Chief Executive Officer</li> <li>b. Holyoke Community College, Chief Executive Officer</li> <li>c. Bristol-Plymouth Regional Technical School, Chief Executive Officer</li> <li>d. Anna Maria College, Baccalaureate RN Program</li> <li>e. Regis College Undergraduate and Graduate RN Programs</li> <li>f. Curry College, Baccalaureate RN Program</li> </ul> C. 244 CMR 6.08(1)(h) Site Survey and NCLEX Evaluation, Bunker Hill Community College Associate Degree RN Program D. 244 CMR 6.08(1)(h) Site Survey and NCLEX Evaluation, Quincy College Associate Degree RN Program E. 244 CMR 6.08(1)(h) Site Survey and NCLEX Evaluation, Quincy College PN Program	None Report        Compliance Report Compliance Report Compliance Report	KA        KA AM AM
	<b>IX.</b>	<b>REQUESTS FOR LICENSE REINSTATEMENT</b> A. None	---	---
	<b>X.</b>	<b>STRATEGIC DEVELOPMENT, PLANNING AND EVALUATION</b> A. Systematic Policy Evaluation: <ul style="list-style-type: none"> <li>1. Request for Authority to include Massachusetts General Law, Chapter 112, Section 61 as grounds for discipline to all Pending Legal and Pending Prosecution cases</li> <li>2. Request for Authority to include unprofessional conduct and conduct which undermines the public confidence in the integrity of the profession (as outlined by case law) as grounds for discipline in all Pending Legal and Pending Prosecution cases</li> </ul> B. Regulatory Review <ul style="list-style-type: none"> <li>1. Proposed Revisions to 244 CMR 10.00</li> </ul> C. Presentation/Report: None C. Election, BRN Officers D. Fiscal Year 2018 BRN Meeting Calendar E. Topics for Next Agenda	Memo      Memo      Draft Regulations   Ballot Memo	BAO      BAO   VB   LS LS
<>		<b>LUNCH</b>		

	<b>XI.</b>	<b>EXECUTIVE SESSION</b> The Board will meet in Executive Session as authorized pursuant to M.G.L. c.30A, § 21(a)(1) for the purpose of discussing the reputation, character, physical condition or mental health, rather than professional competence, of an individual, or to discuss the discipline or dismissal of, or complaints or charges brought against, a public officer, employee, staff member or individual. <ol style="list-style-type: none"> <li>Specifically, the Board will discuss and evaluate the Good Moral Character as required for registration for pending applicants.</li> <li>Specifically, the Board will discuss and evaluate the reputation, character, physical condition or mental health, rather than professional competence, of licensees relevant to their petitions for license status change.</li> <li>Approval of prior executive session minutes in accordance with M.G.L. c. 30A, § 22(f) for sessions held during the May 10, 2017 meeting.</li> </ol>	<b>CLOSED SESSION</b>	
	<b>XII.</b>	<b>M.G.L. c. 112, § 65C SESSION</b>	<b>CLOSED SESSION</b>	
	<b>XIII.</b>	<b>M.G.L. c. 30A, § 18 ADJUDICATORY SESSION</b>	<b>CLOSED SESSION</b>	
1:00 p.m.	<b>XIV.</b>	<b>ADJOURNMENT</b>		